FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SSADA, INC.

Principar Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M49724

Mailing Address

(1)

FILED Jan 16 1997 8:00am Secretary of State

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7780 N.W. 46 (Lauderhill F		7780 N.W. 46 COURT LAUDERHILL FL 33351-571	6			
				3. Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 07/01/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0039647	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CO 75 A 440	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country.	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Rec	jistered Agent	
KHA	INTAVETH, ANONG T.		81 Name			
THE STATE OF				dress (P.O. Box Number is Not Acceptable	(a)	
LAU	DERHILL FL 33351		0.000.710	oroso (r.o. box (tambor ib trot rosopiasi		
			B3			
			84 City		loc I 3's Code	
			84 City		FL 85 Zip Code	
11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named co	orporation submits this statement for the pi	urpose of changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag-	ent and the if application (NOTE	Registered Agent's gnature req	(Jired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PO	DELETE	1.1 TITLE		Change Addition	
NAME	KHANTAVETH, ANONG T.		1.2 NAME			
STREET ADORESS	7780 NW 46 CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33351-5716		1.4 CITY-ST-ZIP			
TITLE	TD	DELETE	2.1 TITLE	*******	Change Addition	
NAME	KHANTAVETH, SOMCHART		2.2 NAME			
STREET ADDRESS	7780 NW 46 CT		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33351-5716		2. 4 CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 THILE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
Title		DELETE	4.1 THLE		Change Addition	
NAME			4. 2 NAME		Li chango Li redutott	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME					Change Addition	
STREET ADORESS			5.2 NAME			
l i			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELEVE	5.4 CITY - ST - ZIP		Change Addition	
		<u> </u>	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u> </u>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an adoress.